



## GEORGIA MEDICAID FEE-FOR-SERVICE LONG ACTING NARCOTICS PA SUMMARY

Preferred	Non-Preferred
Butrans (transdermal buprenorphine) Embeda (morphine sulfate/naltrexone ER) Fentanyl patch generic 12-, 25-, 50-, 75-, 100 mcg/hour Kadian 10, 20, 30, 50, 60, 100mg (morphine sulfate ER) Morphine sulfate SA tablets	Avinza (morphine sulfate ER) Belbuca (buccal buprenorphine) Exalgo (hydromorphone ER) Fentanyl patch generic 37.5-, 62.5-, 87.5 mcg/hour Hydromorphone ER generic Hysingla ER (hydrocodone ER) Kadian 40, 80, 200mg (morphine sulfate ER) Morphine sulfate ER caps (generic Avinza, generic Kadian) Nucynta ER (tapentadol ER) Opana ER (oxymorphone ER) Oxycodone ER generic OxyContin (oxycodone ER) Oxymorphone ER generic Zohydro ER (hydrocodone ER)

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- ❖ If morphine sulfate ER 80mg caps are approved, the PA will be issued for brand Kadian 80mg. For other strengths of morphine sulfate ER capsules (generic Kadian), the PA will be issued for the generic if approved. If morphine sulfate ER caps are approved, the PA will be issued for brand Avinza. If generic oxymorphone ER is approved, the PA will be issued for brand Opana ER. If generic hydromorphone ER is approved, the PA will be issued for brand Exalgo. If generic oxycodone ER is approved, the PA will be issued for brand OxyContin.
- ❖ Long-acting narcotics will hit a PA edit for concurrent therapy with buprenorphine or buprenorphine/naloxone (Bunavail, Suboxone, Zubsolv) opioid dependency agents that have been dispensed within the last 7 days.
- ❖ Although a long-acting narcotic, Xartemis XR is listed in the Short Acting Narcotic PA Summary since the medication is indicated for severe, acute pain.

**PA CRITERIA:**

*Avinza, Exalgo, Hydromorphone ER Generic and Morphine Sulfate ER Generic (generic Avinza)*

- ❖ Approvable for members with a diagnosis of cancer, human immunodeficiency virus (HIV), or sickle cell anemia.
- ❖ Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side



effects to the following preferred products, Embeda, Kadian, morphine sulfate SA and fentanyl patch.

- ❖ In addition for generic hydromorphone ER and morphine sulfate ER, prescriber must submit a written letter of medication necessity stating the reasons brand Exalgo or brand Avinza, respectively, is not appropriate for the member.

*Belbuca*

- ❖ Approvable for members with a diagnosis of cancer, HIV, or sickle cell anemia.
- ❖ For members requiring >80mg of daily oral morphine equivalence who are not able to swallow solid oral dosage forms, approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred product, fentanyl patch (12-, 25-, 50-, 75-, 100mcg/hour).
- ❖ For members requiring >80mg of daily oral morphine equivalence who are able to swallow solid oral dosage forms, approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to the following preferred products, Embeda, Kadian, morphine sulfate SA and fentanyl patch.
- ❖ For members requiring ≤80mg of daily oral morphine equivalence, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Butrans, is not appropriate for the member.

*Fentanyl Patch 37.5, 62.5, 87.5 mcg/hour*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths, fentanyl patch 12, 25, 50, 75, 100 mcg/hour, are not appropriate for the member.

*Kadian 40, 80, 200mg and Morphine Sulfate ER 80mg Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths, Kadian 10, 20, 30, 50, 60, 100mg, are not appropriate for the member.

*Morphine Sulfate ER Generic (generic Kadian, all strengths except 80mg which is listed above)*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths of Kadian 10, 20, 30, 50, 60, 100mg, in addition to generic morphine sulfate SA tabs and fentanyl patch, are not appropriate for the member.

*Nucynta ER*

- ❖ Approvable for in members 18 years or older with a diagnosis of cancer, HIV, or sickle cell anemia.
- ❖ Approvable for members 18 years or older with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies,



contraindications, drug-drug interactions, or a history of intolerable side effects to the following preferred products, Embeda, Kadian, morphine sulfate SA and fentanyl patch.

- ❖ Approvable for members 18 years or older with a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy (DPN) who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Lyrica, an antidepressant (amitriptyline, duloxetine or venlafaxine), and morphine sulfate SA.

*Opana ER and Oxymorphone ER Generic*

- ❖ Approvable for members with a diagnosis of cancer, HIV, or sickle cell anemia.
- ❖ Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to the following preferred products, Embeda, Kadian, morphine sulfate SA and fentanyl patch, as well as the non-preferred product, OxyContin. Member must also sign a chronic opioid treatment plan or the prescriber must be a board certified pain management specialist.
- ❖ In addition for generic oxymorphone ER, prescriber must submit a written letter of medical necessity stating the reasons brand Opana ER is not appropriate for the member.

*OxyContin and Oxycodone ER Generic*

- ❖ Approvable for members with a diagnosis of cancer, HIV, or sickle cell anemia.
- ❖ Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to the following preferred products, Kadian, morphine sulfate SA and fentanyl patch. Member must also sign a chronic opioid treatment plan or the prescriber must be a board certified pain management specialist.
- ❖ Requests for 60mg, 80mg, a single dose greater than 40mg, or a total daily dose greater than 80mg may be approvable for members with a tolerance to high doses of opioids.
- ❖ In addition for generic oxycodone ER, prescriber must submit a written letter of medical necessity stating the reasons brand OxyContin is not appropriate for the member.

*Zohydro ER and Hysingla ER*

- ❖ Approvable for members with a diagnosis of cancer, HIV, or sickle cell anemia.
- ❖ Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require continuous opioid analgesia for an extended period of time and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side



effects to the following preferred products, Embeda, Kadian, morphine sulfate SA and fentanyl patch, as well as the following non-preferred products, Exalgo, Nucynta ER, Opana ER, and OxyContin. Member must also sign a chronic opioid treatment plan or the prescriber must be a board certified pain management specialist.

*Concurrent Therapy with Buprenorphine/Naloxone or Buprenorphine*

- ❖ Concurrent therapy of buprenorphine/naloxone or buprenorphine opioid dependency agents with long-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reasons that concurrent therapy is necessary.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.